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ABSTRACT

A nationwide process in the Netherlands is discussed in which a number of specific disciplines were concentrated in one or a few Dutch universities. The decisive roll of political arguments and consequences for future government and academic planning are addressed. Both universities and government believed that ongoing retrenchment could no longer be spread over disciplines and faculties proportionally. The Ministry of Education introduced two sets of criteria, commonly used within the context of institutional research. One set of criteria was designed to select disciplines to be concentrated; the other set to select the universities at which a chosen discipline had to be concentrated. Application of the criteria to the fields of medicine, dentistry, and pharmacy is examined. Analysis of the decision-making process and its results shows a significant contrast between the most likely outcomes of the application of the sets of criteria and the actual decisions made by the government. It is concluded that in the concentration process, the criteria can only be seen as a translation of underlying political, social, and cultural motives. (SW)

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CONCENTRATING ACADEMIC PROGRAMS IN THE NETHERLANDS; AN EVALUATION OF POLITICAL ASPECTS

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Ann K. Dickey, Chair
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Title. Concentrating academic programs in the Netherlands: an evaluation of political aspects

Abstract

In a nationwide process of concentration of academic programs, a number of specific disciplines were concentrated in one or a few Dutch universities. The Ministry of Education introduced two sets of criteria, commonly used within the context of institutional research. One set of criteria was meant to select disciplines to be concentrated; the other set to select the universities at which a chosen discipline had to be concentrated.

An analysis of the decision-making-process and its results shows a significant contrast between the most likely outcomes of the application of the sets of criteria and the actual decisions made by the government. The paper evaluates the concentration process with an emphasis on the decisive roll of political arguments; the consequences for future government and academic planning are discussed.

1. Introduction

In a memorandum of the Dutch government (University research, 1980) research policy in the Netherlands is described as "still in its infancy". Not only is there insufficient accountability (Savenije & Otten, 1985), but planning and selection of priorities are also inadequate (Dijkman and Savenije, 1983). Dutch universities do not cooperate enough to make efficient use of the available research capacity and quality. Furthermore, Dutch universities are insufficiently responding to changing needs of society for university education. It is this analysis and the opinion of both universities and government that ongoing retrenchment could not longer be spread over disciplines and faculties proportionally, which initiated a nationwide, large-scale, operation based on selectivity: reduction of the number of faculties, concentration of programs and concentration of faculties of two or more different universities into one new faculty. This not only concerned highly specialized curricula such as Exotic languages, but also a number of larger disciplines, such as Dentistry and Pharmacy.

By means of this operation a first step would be made towards differentiation between Dutch universities. In countries like the U.S. of America, Great Britain and France, there is a clear distinction between universities with respect to research and educational quality. In the Netherlands there is no such distinction in (overall) quality, because most, if not all, students will go to the nearest university.

The Minister of Education indicated how much money was to be saved by the operation: 315 million Dfl (about 125 million U.S.dollars) or 12% on a budget of 2700 million Dfl. He also set out criteria for choosing disciplines to be concentrated and (after that) for choosing universities at which departments, or faculties, were to be closed

down. The decision-making process started in september 1982 and the final decisions were made by the government in december 1983. Implementation of these decisions is still going on today and will be for another two or three years.

The purpose of this paper is to identify the political issues that played a decisive role in the process of concentration and to examine to what extent these issues can be taken into account for future policy in concentration of academic disciplines. Certain adaptations of the process and procedures are proposed.

We will apply the criteria of the Ministry of Education to a number of fields, specifically Medicine, Dentistry and Pharmacy. The results are confronted with the actual decisions taken by the Dutch government to close down certain departments at one or more universities.

As it is to be expected that the concentration of academic programs has to be continued, due to a decrease in student enrollment and overall retrenchments, we will outline a procedure in which some highly political factors might be taken into account.

2. Criteria and indicators for concentration

Two sets of criteria and indicators were used for the concentrating process: a first set to select disciplines that had to be concentrated (e.g. social sciences, biology etc.) and an other to decide which universities would profit, and which ones would lose their faculties or departments in the concentrating process (e.g. the faculty of Dentistry at the University of Utrecht, the department of Scandinavian languages of the University of Leyden). These criteria and indicators are commonly used within the context of institutional research.

a. criteria for choosing disciplines:

1. small departments (250 students and less)
2. large investments needed in buildings
3. expensive equipment and exploitation costs
4. significant divergence between capacity and actual enrollment
5. unemployment of graduates in a certain field
6. large number of vacancies in the teaching and research staff (professorial chairs), indicating scarcity of talent
7. strong differentiation (many departments and professorial chairs within one faculty of a certain discipline)

b. criteria to select faculties or departments:

1. student enrollment
2. research quality and output
3. quality of infrastructure (buildings, equipment, technicians, etc.)
4. output of educational programs (quality, rate of unemployed graduates)
5. structure of faculty-staff (presence of research-assistants in comparison with tenured staff)
6. geographical distribution
7. efficiency (costs per graduate, per publication, etc.)

In the decision-making process the two sets of indicators melted into one. The most important indicators used were:

- student enrollment/small departments; especially used in the case of highly specialized curricula.

- (expectations of) unemployment of graduates; mostly used to select strong profession-orientated fields of study such as Medicine, Dentistry and Pharmacy.
- research quality, based on opinions of national research councils[1]; one of the few indicators actually used to select specific departments or faculties for reduction or closing down.
- quality of buildings and equipment; used to reduce the need for large government investments.
- geographical distribution, a criterion necessary to prevent that application of indicators such as student enrollment and sometimes research quality would inevitably hurt universities in parts of the country with a low population density
- religion; an extra criterion used to protect the three Dutch universities founded on a denominational basis (although completely state-funded). This criterion was supposed to be used only in those academic fields that touch on religious matters, but was not elaborated.

These geographical and religious arguments obviously had very little to do with academic standards or a wish for efficiency, and very much with the political necessity of getting parliamentary approval for the entire operation.

The other indicators mentioned were moreover applied in an unprofessional way, often caused by lack of data, with more importance in one field than in others, and sometimes conflicting with the application in other fields (or with respect to other departments/faculties).

As it turned out, certain indicators were properly used for selecting certain fields or small departments for closure, but none of the criteria used within the context of institutional research were decisive in selecting a larger department or faculty for closure. In our opinion there are two main reasons for this. In the first place there is a lack of data on specific universities; whereas general data are available for every academic field as a whole, it is hard to find out how many unemployed graduated from this or that faculty. Neither has anyone made a thorough study of, say, the research quality of all the Dutch linguistics departments. Besides, research councils were asked to give critical reviews of the research quality of specific departments or faculties at very short notice. Most reviews were given with the specific proviso that no far-reaching decisions could be based on them. Nevertheless, in some fields they were rather influential.

In the second place, the arbitrary way in which political factors intruded into decisions was hard to match with the goal, proclaimed by the government, namely maintaining or enhancing quality of education and research while reducing government-funding.

To support these remark, we will now examine the decision-making process in three specific fields where reduction and concentration had to save a very large part of the indicated retrenchment: Dentistry, Pharmacy and Medicine.

Dentistry; from five faculties to three

Criteria used to indicate that a substantial cutback in the field of Dentistry was necessary were the need for large investments in buildings at two universities and the (future) unemployment of

graduates. As the educational program is very much profession-orientated, and does not allow for any differentiation in the curriculum, too many unemployed dentists were expected. This is in fact already a political argument, for who determines how many dentists are needed? In the Netherlands a professional association of dentists has a major say in deciding if, and where, someone can set up as a dentist (the same is true, by the way, for the associations of doctors and chemists). It was nevertheless a surprise that an estimate by the Association of Dentists and not the needs of society, to be formulated by the government, was used to determine the future enrollment and the number of graduates in Dentistry, thus safeguarding the (financial) interests of the established professionals. Other indicators were mentioned but not really applied. At the start of the operation the quality of research in dentistry was described as satisfactory. Later on research councils criticized this whole field of research as lacking in quality. The amount of vacant professorial chairs was in passing mentioned only.

At a certain moment in the process, the government indicated that two of the five existing faculties of Dentistry had to be closed down. In selecting these faculties only one indicator was mentioned. The government calculated that large investments were needed in buildings of the faculties at both Amsterdam universities. Some of these buildings were no more than temporary barracks. On the other hand there was a perfectly new buiding in Utrecht, one of the best equipped in Europe. A very obvious option was concentrating both the Amsterdam and the Utrecht faculties in this building, thus forming one new faculty with the best teaching and research quality of all three faculties. But at this point a new political argument was put forward, though not

explicitly so. One of the two Amsterdam universities has a denominational foundation and was not too happy to participate in a major concentration process. This turned out to be a highly relevant factor as the governing majority in parliament contains the christian-democrats, who are very sensitive in matters of denominational education (and before he was appointed, the Minister had been a lobbyer for the christian-democrats in these matters). So in the end it was decided that the faculty of Dentistry in Utrecht had to be closed down and that both Amsterdam faculties had to be amalgamated. It seems clear that this decision conflicts with the initially applied criterion.

Pharmacy: from four faculties to two

Another interesting case is presented by the field of Pharmacy. This discipline was selected for reduction because of the following criteria; research-quality and the apparent inability to set up programs that are interesting for the Dutch pharmaceutical industry, relatively high costs per student, the need for large investments in buildings for two faculties, and the expected unemployment of graduates.

But a second look at the relevant data showed that costs per student in Pharmacy did not differ from comparable disciplines such as Biology or Chemistry. Expectance of unemployment was only supported by data indicating a decrease in student enrollment and not by a solid study of unemployment in comparison with other academic fields. As a matter of fact, at this moment nearly all graduates have a job before graduating, and the few that graduate unemployed have a job within the year. As for

the other criteria, research quality in Pharmacy was not satisfactory, as indicated by its very small funding through university contract-research and grants from research councils. Buildings in Amsterdam and Utrecht were old and hardly suitable for laboratories. At least here something had to be done.

The document presenting governmental considerations and criteria for selecting the faculties to be closed, mentioned research quality and quality of buildings. Research quality was investigated by a national research council in a very short period of time. It indicated insufficient quality in Amsterdam and Utrecht. As everybody thought that Dentistry would be concentrated in Utrecht, the expectations were that Pharmacy would be concentrated at the university of Leyden, while the Amsterdam and Utrecht faculties of Pharmacy would be closed down. As it became clear that a concentration of Dentistry in Utrecht was politically impossible, it appeared that both the faculty of Dentistry and the faculty of Pharmacy would be closed in Utrecht, causing an enormous budget-cut and social problems at one university. In this way the simultaneous concern with most of the academic fields led to unforeseen implications; minimalizing social problems was not a criterion but the enormous accumulation of budgetcuts at one university seemed simply unacceptable (politically). Therefore Pharmacy was eventually concentrated in Utrecht. The Leiden and Amsterdam faculties were closed downand with their teaching and research staff the capacity of the new, amalgamated faculty in Utrecht was doubled. Leyden University was 'compensated' by the government with the grant of a new biopharmaceutical/bio-technological research-center. This decision triggered questions about investments needed for new laboratories in Utrecht (necessary for the doubled capacity); they were put aside by

referring to the closing of the faculty of Dentistry at the same university. One can only guess at the costs of an operation like this, that was started for reasons of cutting down costs! Once more the actual outcome of the process was hardly in accordance with the criteria that were supposed to rule that very process.

Medicine: retrenchment without selectivity

One of the disciplines in which the concentration process had almost no qualitative effects at all, is the field of medicine. A structural problem in this field is the link between faculties and teaching-hospitals, the latter autonomous in budget and management. Although budget cuts in Medicine were fixed precisely in advance, the mentioned link between faculty education and research programs on the one hand, and the treatment of patients and hospital-management on the other, caused a shifting of responsibilities from universities to hospitals and vice versa. Proposals for reduction of faculty budgets implied inefficiency or increase of investments for hospital management. In order to solve a real 'deadlock' in the proceedings of this particular part of the operation, the Ministry of Science and Education introduced a model for calculating the budget reduction for each faculty. This model was based on the usual methods of quality/output measurement by science indicators. The budget reduction for a faculty depended on its relative position in comparison with research quality of the other faculties and its total budget. If we describe the model in these general terms, all seems in order. However, a more thorough analysis showed that the lesser quality between faculties differed, the bigger

the differences in budget reduction became[2)]. The model also used the number of research-groups/departments that were cited as 'good' by a research council, whereas no conclusions were drawn from the number, and more important, from the the size of both high- and low-performing groups. It is understandable, in our opinion, that this model gave no qualitative support whatsoever to the government decisions.

Only the retrenchment volume seemed important; while budget reduction is accomodated, the proposals for selectivity, cooperation, quality enhancement etc., that were asked for, still have to be presented by the universities. As maintaining and enhancing quality were the main purposes of the concentration process, something definitely must have gone wrong. But why was that?

We already pointed out that faculties of medicine and teaching-hospitals are linked but autonomous in budget and management. In the Netherlands the faculties and hospitals are financed by two different departments of the government, each department with its own responsibilities, long-term policy, and, accountability to the parliament.

A policy that might be serving the interests of research can be unacceptable for the national health service. Besides, the medical profession has its own 'culture', protecting it against influences from outside the profession (university administrators sometimes speak of 'the medical Cosa Nostra') and traditionally, the medical profession has a very strong voice in Dutch politics.

It was these political factors which were not (sufficiently) taken into account when the concentration process was starting. Nevertheless, they were responsible for a fuzzy procedure, an unprofessional handling of

instruments of institutional research, and, therefore, unexpected outcomes.

Conclusions

As Dutch universities duly prepare for further concentration, due to a decrease in student enrollment and, more generally, the cutdown of government expenses, we would like to suggest a more satisfactory procedure for the concentration of academic programs, defining the roles of government and universities more clearly. This procedure has to account for the conclusions from our previous analysis.

We have seen that the actual decisions made by the government in the fields described in this paper, are in contrast with the most likely outcomes of the application of the given sets of criteria.

We have tried to give some clear exemples of the unprofessional way in which criteria and indicators were used, and the unpredictable way in which political factors influenced the outcomes of the operation. The lack of data on research quality, quality of education, etc. of universities, faculties and departments was, in our opinion, an important reason for the failure to apply instruments of institutional research properly in this operation. Conflicting interests of Dutch universities excluded an effective negotiating strategy, thus giving room for the government to introduce political arguments in the final decisions.

In some fields decisions were made that had unforeseen implications in other fields; as a result of this, decisions were sometimes revoked, causing needless social commotion. We therefore suggest that only one (or a few related) disciplines should be considered at a time, allowing

a more sound investigation of the relative position of departments and faculties in research and educational quality. Arbitrary implications for other disciplines could be more easily avoided when the accumulation of side-effects is limited. Maybe this will provide a better way to differentiate gradually between Dutch universities.

In our opinion, political, social and cultural considerations were decisive in the final conclusions made by the government. In those cases where the application of the criteria was in accordance with the political considerations, no further involvement of the government was needed. However, in other cases the application of the criteria led to politically undesirable results. In these cases, as we have seen, additional arguments were introduced to obtain the politically acceptable results. So, in the concentrating process, the criteria can only be seen as a technical translation of underlying political, social and cultural motives.

In the Netherlands we have to take into account political factors such as religion (in what discipline is this a relevant aspect and when is quality of research and education less important?), the rate of unemployment that calls for limitation of student enrollment (must this rate be the same for every field as costs per student vary), geographical distribution (at what costs?), and the need of a small, highly industrialized country for innovative and strategic research (one can close a department within a few months, but to start a new research program can be a matter of years).

These important questions have to be asked and answered by the government and parliament before a new concentration process can be dealt with. As a matter of fact the government should restrict its own

role to creating these political and budgetary conditions for universities (some considerations, such as denomination and geographic spreading can only be translated into budgetary conditions, we think). Within that framework universities must try to stimulate quality of research and education programs and efficiency by means of cooperation, joint programs, and concentration. Improvement of accountability of universities can moreover reduce the role of government. In doing so, the concentration of academic programs will hopefully not be a mere budget reduction but enable universities to focus on their strong fields of research and education (centres of excellence), reducing their efforts in other fields.

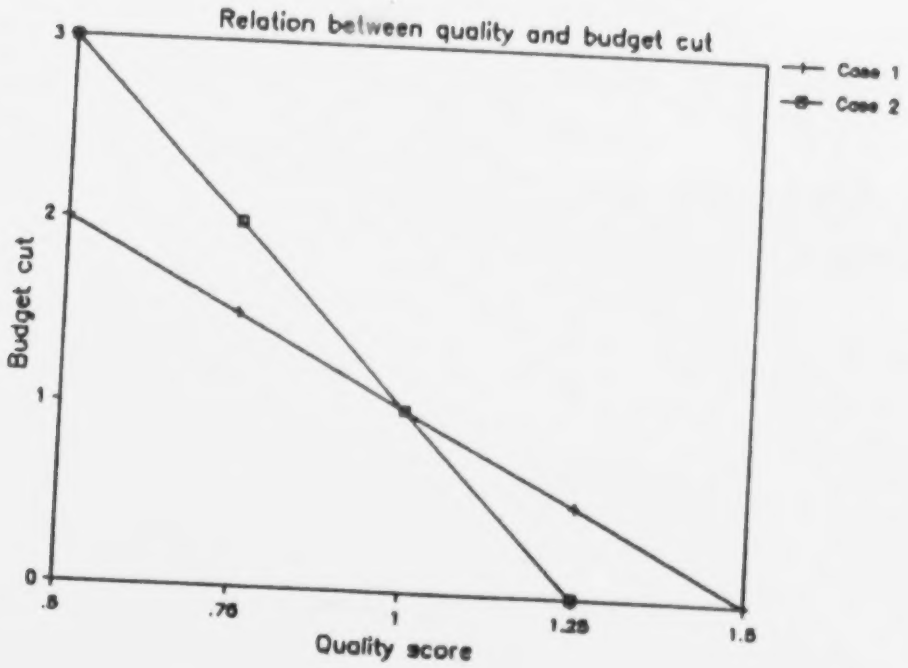
Dutch universities have to realize that in a small country like the Netherlands, choices have to be made in research and education; having experienced that the government is not very well equipped to do the job, universities should try to make these choices themselves, setting aside conflicting interests.

Cooperation in this way can be achieved in the future when the recently founded "Association of Cooperating Universities in the Netherlands" (VSNU), grows out of its teething troubles and becomes a joint venture in institutional research, budget defense and strategic planning.

Notes

1) Research councils in the Netherlands are: the Royal Netherlands Academy of Arts and Sciences (KNAW), the Science Policy Advisory Council (RAWB), the Netherlands Organisation for Scientific Research (ZWO).

2) The figure below shows two possible outcomes of the model, applied by the Ministry to relate quality of medical research to budget cuts. In case 1 the minimal quality score is 0.5, the maximum 1.5 . This meant that the budget cut of the university with the minimal score was twice the budget cut of the university with an average score. In case 2 the minimal score is 0.5, the maximum 1.25. This meant that the budget cut of the university with the minimal score was three times the budget cut of the university with an average score. So, the differences in budget cuts increased as differences in quality decreased!



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